



NATIONAL ACADEMY OF MEDICINE

NAM Clinicians Leading System-Wide Environmental Sustainability Transformation Webinar Unperfected Transcript

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Beth Schenk: Welcome everyone to the second in a series of webinars this year, focusing on clinicians.

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Beth Schenk: This one is focusing on clinicians, leading system-wide environmental stewardship, sustainability sponsored by the National Academy of Medicine.

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Beth Schenk: And we're excited today to bring you an exciting panel, and we think it'll be a robust conversation. We invite you to think about your questions that you'd like to ask and put them in the chat. And what we're going to do first. My name is Beth Shank, and I'm the chief environmental stewardship officer for Providence. A large health system in the Western United States, and I'm going to get us started with a few opening remarks right now and then hand off to our 3 panelists, who will be introduced in a moment.

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Beth Schenk: Then we'll have a discussion with a few questions that we have prepared, and we would also like to take your questions. So please be thinking about those, and type those into the chat.

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Beth Schenk: So to frame where we are today, healthcare exists obviously, so that clinical care can be delivered to people in need by clinicians. So, for example, in Providence. We have 125,000 caregivers, which is what we call all of our employees, and about 90,000 of them are clinically facing. Most of these are licensed or registered to legally deliver care from physicians, nurses, pharmacists, therapists, aides, techs.

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Beth Schenk: and more, and these are the people who understand care, delivery, and who, when asked, have good ideas for making improvements that might increase efficiency, decrease pollution and also save money.

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Beth Schenk: Major clinical decisions are made by clinicians. Those are the rules basically based on State boards of nursing and medicine and pharmacy.

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Beth Schenk: Purchasing decisions for clinical equipment and supplies are at some point along the decision chain made by clinicians. Decisions about allocation and prioritization of care are made by clinicians. All of these decision points and many others are fundamental to our efforts today transforming healthcare to be more environmentally wise.

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00:01:59.910 --> 00:02:08.710

Beth Schenk: success in decarbonizing and reducing resource, consumption preparing for climate, resilient communities, hinges on clinicians. It really does.

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00:02:09.080 --> 00:02:22.989

Beth Schenk: And yet many times clinicians are overly busy and asking them to get involved in environmental stewardship may be a bridge too far. It just may be too much. Also, like many of us alive today, they may be overwhelmed by our planetary crises.

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Beth Schenk: Further, they may not feel empowered in their practice sites to advocate for improvements along these lines.

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Beth Schenk: or they may feel they don't know what to do.

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00:02:32.240 --> 00:02:44.290

Beth Schenk: On the other hand, thousands of clinicians from all disciplines are diving into the hard work of understanding best practices, measuring improvements, sharing their findings and advocating for change.

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00:02:44.440 --> 00:02:56.319

Beth Schenk: And that's what we're here to talk about today. So we're going to hear from 3 leaders in the field, including 2 physicians. They have thought long and hard about their roles, and how we can engage clinicians more effectively in this work.

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Beth Schenk: You can see on this slide who our panelists are, Gary Cohen, president and founder of Healthcare without Harm, Dr. Lisa Patel, from the Medical Society Consortium on climate and health, and Dr. Paige box from Stanford University. I'm excited to hear from them, and we'll hand it off to Gary.



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00:03:13.350 --> 00:03:14.150

Beth Schenk: Thank you.

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00:03:15.570 --> 00:03:31.279

Gary Cohen: Thanks very much, Beth, and welcome everybody to the webinar. I just want to go over quickly what we see. Some of the key roles for health sector in addressing the climate crisis. One as best bet is to

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Gary Cohen: demonstrate and model the transformation of our society out of our addiction to fossil fuels and toxic chemicals, a recognition that you can have healthy people on a sick planet, on a planet that is based on fossil fuels and toxic chemicals. So health care is 20% of the US economy

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Gary Cohen: and can model this transformation. The second role is that

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Gary Cohen: we are experiencing all over the country and the world. These extreme weather events that have enormous environmental and health, public health tolls, whether it's hurricanes and

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00:04:06.080 --> 00:04:27.659

Gary Cohen: western North Carolina, or the fires in Los Angeles or so many other disasters. So health care needs to be the last building standing, and clinicians need to understand what are those impacts for their patients? What are the impacts of living in polluted areas already? And then you have 100 degrees for 3 weeks.

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00:04:27.660 --> 00:04:39.559

Gary Cohen: So there's an element of understanding where the vulnerabilities are in the community and anchoring the resilience of those communities. And 3rd is around leadership and leveraging our power

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00:04:39.950 --> 00:04:53.499

Gary Cohen: to educate people around the links between climate, health, and equity, and to be part of a larger communication campaign for the society to to help people understand what's happening to them next slide.

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Gary Cohen: So I,

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Gary Cohen: the importance, and others will speak to this. But the importance of healthcare as a trusted voice is, is so powerful and important, especially at this moment, in a time when conspiracy theories, the denigration of science and expertise and magnified lies have become mainstream.

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00:05:16.250 --> 00:05:34.069

Gary Cohen: and so helping, having clinicians be able to stand up and speak about this crucial fact that the climate crisis, our reliance on fossil fuels is at bottom a public health crisis. We are the largest share of

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00:05:34.070 --> 00:05:48.389

Gary Cohen: the hospital workforce as Beth just described, and a lot of research shows that especially new clinicians who are coming into the field want to address climate change next slide.

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00:05:48.520 --> 00:05:54.029

Gary Cohen: The Commonwealth Fund, New York Foundation did a study, and they said that

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Gary Cohen: 80% of the clinicians they talk to feel that climate change is critical to their hospitals missions. They want to work on this issue and the environmental impact of their system. And 60% feel like that. Climate policies.

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00:06:12.680 --> 00:06:27.169

Gary Cohen: their employers, climate policies, impact their decision about whether even to go work for them. In the 1st place. So there's a broad, broad agreement that the climate is, is actually a crucial environmental determinant of health.

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Gary Cohen: The next slide

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Gary Cohen: we have a network healthcare with a harm as a physician network that is engaged in with surgeons and radiologists and obgyns. There's media opportunities, there are advocacy opportunities. So

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Gary Cohen: we encourage you to join. But the point is whether they join our network, or where you join the Medical Society consortium for Climate and Health, or the Alliance of Nurses for a healthy environment, or certainly the National Academy of medicine collaborative.

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00:07:01.180 --> 00:07:13.600

Gary Cohen: It's absolutely crucial to join with others at this point, because joining with like-minded professionals at this political moment is is an antidote to authoritarianism.

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00:07:13.870 --> 00:07:17.989

Gary Cohen: because authoritarianism governments thrive by isolating people

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00:07:18.200 --> 00:07:26.840

Gary Cohen: and removing their agency, and when we join with others we can, we can increase our agency next slide.

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00:07:27.110 --> 00:07:39.890

Gary Cohen: One of the things that's been really powerful over the last, I would say 5 years or so is that the sustainability movement has grown outside of operational people.

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Gary Cohen: food service people, architects.

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Gary Cohen: you know, facility managers. And now there's 21 systems that have hired medical and clinical directors of sustainability. So it's elevated clinicians as being critical stakeholders in the drive toward more sustainable healthcare. This is a really positive moment, and you'll be hearing from Paige Fox in a little bit about what that looks like at Stanford. So that's shown to me that this movement has grown and expanded across many different medical and clinical disciplines.

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Gary Cohen: Next slide



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00:08:16.070 --> 00:08:37.040

Gary Cohen: there in our, you know, recognition of where clinicians are engaging around, that it's around a whole set of things, whether it's overuse of plastics, whether it's anesthetic gases, some of which are 2,000 times more potent than carbon dioxide or or nitrous oxide.

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00:08:37.090 --> 00:08:48.199

Gary Cohen: There's a there's a growing power of clinicians as key advocates in a bunch of different arenas around sustainability and climate action. Next slide

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Gary Cohen: plastics is one of those places. This is a this is a amazing graphic of of

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Gary Cohen: the waste from one surgical operation. So healthcare is a massive user of plastic, including much of single use plastics. And as the fossil fuel industry recognizes that our society is going to move toward renewable energy for transportation and for energy generation. They've decided that the place to grow the market is around petrochemicals and plastics to sort of.

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00:09:23.820 --> 00:09:32.179

Gary Cohen: to to load the world with more of these toxic materials. And so next slide is an example of

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Gary Cohen: that getting health professionals to weigh in at a policy level has significant impact. So we and many others organized clinicians to come to this plastics treaty that's being negotiated by the United Nations Environmental program

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Gary Cohen: and the demands were, don't give healthcare an exemption from this treaty, which is what the fossil fuel and petrochemical industries were arguing. They need to be given special consideration. But we in healthcare are already trying to get rid of a lot of these toxic plastics, single use plastics, and that it should be very much a part of the treaty, and the recent negotiations in Korea

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00:10:13.380 --> 00:10:38.419

Gary Cohen: a couple months ago did not give the industry an exemption. The treaty continues on. But when this treaty started there was almost no health orientation to this treaty. The health impacts of plastic throughout their life cycle. But now there is, and it's really a reason is that health care professionals have shown up and spoken very powerfully.

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00:10:38.590 --> 00:10:42.172

Gary Cohen: Next to last slide is coming up. So

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00:10:43.040 --> 00:10:51.110

Gary Cohen: What we also found for clinicians and but others who are working on sustainability is that it saves money. So the most recent

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00:10:51.540 --> 00:10:55.589

Gary Cohen: we do do an awards program at practice. Green health

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00:10:55.750 --> 00:11:05.079

Gary Cohen: and people systems sign up to say they're doing various different kind of interventions on sustainability. And this graph shows that

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00:11:05.150 --> 00:11:07.710

Gary Cohen: just among a few 100

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00:11:07.720 --> 00:11:35.159

Gary Cohen: hospital systems. They saved collectively over 182 million dollars in one year. If the whole healthcare sector embraced some of these very actionable measures, we'd be saving tens of billions of dollars. So whatever myth there is about sustainability costing more money, it actually saves money and provides the reason for why there needs to be paid staff doing sustainability work, including

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Gary Cohen: clinicians.

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Gary Cohen: Next slide

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Gary Cohen: every year we do a conference healthcare, harm, practice, green health. About 8 or 900 people come. And so this next year it's in Atlanta. It's on May 6th to 8.th There's a big clinician crowd that shows up for there, and so we just welcome anybody who's on this call who would love to come.

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00:12:01.400 --> 00:12:02.560

Gary Cohen: Thanks very much.

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00:12:07.540 --> 00:12:08.530

Gary Cohen: I'll stop there.

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00:12:15.320 --> 00:12:16.809

Beth Schenk: Lisa, please go ahead.

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Lisa Patel: Oh, great!

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00:12:18.920 --> 00:12:46.310

Lisa Patel: So thanks so much. Gary and I'm going to give the perspective of being a clinician at a healthcare center which at the time when I started in the work, we didn't have a net 0 goal or sustainability director. I live in Northern California. I'm also at Stanford with Paige and we back even a few years ago, had some really terrible wildfires, and while none of my facilities have had to be evacuated. We've certainly been impacted.

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00:12:46.310 --> 00:13:11.259

Lisa Patel: So there was a day where there was so much overwhelming smoke outside that you could smell it inside of our nicu power was cut off at 9 Pm. One night by Pg. And E. Without any notice, because there was a high wind event during wildfire season, which is a risk for sparking wildfires, and we were not prepared. We had to just run around our facility with a bunch of laboring moms and moms that had just given birth, and figure it out in that moment.

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00:13:11.260 --> 00:13:25.389

Lisa Patel: and of course our our sky turned orange in in 2020. During those years we were also going through the pandemic. We also were under a political context, for climate change was trying to be erased.

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Lisa Patel: and at the time many students and faculty and Staff felt really concerned that our healthcare institution was not doing enough on climate change

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Lisa Patel: next slide, please.

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Lisa Patel: So I just want to talk a little bit briefly, and I'll tell you the case. Example of what we did at Stanford. As you as a clinician, are thinking about how you can get your healthcare institution to become a leader in sustainability. There's a tried and true path in terms of what an advocacy roadmap looks like for institutional change. Every one of them will be a little bit different and require some caring to the particular context.

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Lisa Patel: But the basic roadmap is, figure out your goal and have a big dream goal. The way you get people in to join you in a mission is to think really big, but then also have smaller goals on the way to get there. So for us, our big goal was that we wanted Stanford to commit to a net 0 goal. We wanted a proper sustainability program office

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Lisa Patel: but then we came up with a bunch of smaller goals on the way to get there, including a renewable gown project that we worked on with faculty, and students

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Lisa Patel: find your people. And so, in terms of to Gary's Point, you will neither last nor be able to get anything substantial done. If you go at this work alone. And in fact, there is good data that shows that if you're concerned about the climate crisis and you go about it on your own. It'll actually have a boomerang effect and make you more concerned at the end, because you'll feel like you don't have agency or efficacy.

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Lisa Patel: So find your people and I just have 2 pieces of advice. There one is, find your force multipliers. What we found is that there were so many students that were interested in the work connecting with the students and the students themselves were the force multipliers that brought more students into the work.

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Lisa Patel: And then you have to make the ask just like Jerry Maguire like who's coming with me? You have to be bold. You have to be courageous, and you have to get out there and ask people to join you and give them concrete and achievable things that they can actually do next. You find your decision makers depending on what it is that you're making the ask for. Make your direct appeal, and then always this is the case. But particularly in this political context. You try and try again next slide, please.

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Lisa Patel: So for us what that looked like again, this was 2020. We were just at the beginning of the pandemic. In a way, this helped us because we were over Zoom able to get together students, faculty and staff across Ucsf and Stanford, and we planned a symposium. We figured that this was a good way. We didn't want to be confrontational or antagonistic. We wanted to dialogue with our leaders.

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00:16:06.420 --> 00:16:19.889

Lisa Patel: and we're very fortunate because our leaders at both of our institutions were willing to show up and have that conversation. So we held a CEO roundtable. Gina McCarthy got on with her Bostonian accent, and got in the face of our Ceos

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Lisa Patel: and our CEO, David, and Whistle, who is just an immensely thoughtful person, came away from that, recognizing that Stanford had a lot more work to do in the field of sustainability, and then really starting to move the organization towards doing more in sustainability. So you know, our goal was achieved net 0. Our people were students and staff faculty and staff. Our decision makers with the Ceos, and our appeal was the symposium itself.

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Lisa Patel: I'm happy to say that 6 years later Stanford is now on websites like Jayco as leaders and sustainability, and that wasn't done just by this. Paige is going to talk next about the work that she's been doing. It took a lot of people and a lot of pressure points. But activities like this one really helped bring a cohesive community together to make the ask next slide, please.

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Lisa Patel: So that's a little bit about the how to get healthcare sustainability on your consciousness for your leaders. And now I just want to talk a little bit about medical societies. So the Medical society



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consortium on climate and health. We bring together now about 60 medical societies.

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Lisa Patel: and what we've learned over the last 8 or 9 years is that there are some societies where it's almost like they check the box. They join the society, and they don't do anything else. The societies that are really moving forward are the ones where there is internal organizing, and so we at the consortium. We are certainly a place of convening, but now we're trying to turn back and make sure that societies themselves have the infrastructure to be leaders on climate change.

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Lisa Patel: because every specialty needs to be talking to their individual population about how to prepare for climate change. We're past the point about talking about climate change in generalities. We are seeing the impacts of how climate change is affecting every single specialty of medicine, from the ophthalmologist down to the Podiatrists.

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Lisa Patel: So the big goal for medical societies should be regularly offering Cme. Content at their conferences board certification materials that they're working with their sister boards on that is dependent upon their specialty. And then also, each of the societies does play a role in advocacy. And so we'd like to see more government relations staff that is educating and advocating on climate and sustainability

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Lisa Patel: policy as a priority issue the steps to get there. And again, we've watched lots of different societies go through it. A lot of folks that are part of the consortium use the lessons that we teach them to go back to their societies to do this work.

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Lisa Patel: If your society doesn't have a resolution on climate change or sustainability, write one up and work to get it passed. If you go to our website, the Medical Society consortium on climate and health and click on podcasts, we actually just dropped an episode with Dr. Jerry Abraham, who talks about his path on how they were able to get Ama to pass a resolution on climate change.

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Lisa Patel: and then work to get a committee or task force within the structure of a society. And this is a big ask. It'll take some time, and



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it certainly takes bringing together a group of people to do it. But this is the other thing we've noticed is that societies need something within their governance structure to really move forward on climate and a committee or a task force is often essential to doing that kind of work next slide, please.

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00:19:28.110 --> 00:19:45.930

Lisa Patel: So if you'd like to learn more skills on how to advocate for institutional change. I welcome you to join us. You can join our listserv, and then I also just wanted to plug. We unfortunately are at capacity for in person attendance for our large convention, of which the National Academy of Medicine is one of the core planners.

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Lisa Patel: But we will have full virtual offerings as well, and we are covering all of it. Everything we think you need to know for the next few years to be an effective communicator, researcher educator in the field of climate and health, and I will now turn it over to Paige.

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00:20:09.590 --> 00:20:11.159

Paige Fox: Thanks so much, Lisa.

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00:20:12.780 --> 00:20:29.779

Paige Fox: So I want to talk about growing your passion. So thank you to Lisa and Gary, for really these big overviews. I want to talk about how you, as an individual can engage. If you feel like this is, I need something I need to get started on, but you're not sure how next slide.

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00:20:30.780 --> 00:20:49.640

Paige Fox: So I just want to talk about first, st just starting the conversation. I think this is where we can begin, and this is where resources in healthcare, without Harms website and the medicals consortium website can really help you. Please click forward. You will see that you can really

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00:20:49.770 --> 00:20:53.060

Paige Fox: start to learn about the impact of

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Paige Fox: the sustainability movement on healthcare and some of the specifics.

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Paige Fox: You can just start by noticing wasteful practices around you and talking to colleagues about them like, why do we do that? Why do we use this item for one second and throw it out? Or why do we open that item and not use it at all and have it go in the trash. This plastics thing is around all of us, and we can look and just notice ways

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00:21:18.070 --> 00:21:33.780

Paige Fox: and talk with colleagues, and I think that will be something that you will start to grow your community because you will have some people that say, I worry about that all the time, too. I'm always thinking about that. And that's how you find those like-minded colleagues that Lisa was talking about

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00:21:33.880 --> 00:21:40.269

Paige Fox: help, people find more sustainable solutions to everyday challenges. This is one where you're really

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00:21:40.690 --> 00:22:03.719

Paige Fox: looking at a solution with someone else. They have a problem, and they have a solution. And you're really offering up what that secondary idea is for how we can solve this in a more sustainable way, and then point out changes small changes that have big impacts. This is where you know, clean Med often has a section on this. But this is where high value care comes in.

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00:22:03.720 --> 00:22:12.460

Paige Fox: You can point out that not ordering a test has a roller coaster effect of savings from an environmental standpoint and from a money standpoint.

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00:22:12.510 --> 00:22:19.260

Paige Fox: And, as I said, you really need to know your facts on this. When you're going to be talking about it, you want to engage people in what the facts are.

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Paige Fox: we'll find those like-minded colleagues by doing all of the above things. And then, I think, most importantly, you want to begin with a small project that you can control.

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Paige Fox: As Lisa said, you want really big ideas, because you want to sell people on your big ideas. But then you want to have those stepping stones. How am I going to get to that really big idea? I was part of the group with Lisa at the very beginning. They were thinking about reusable gowns around the Stanford Hospital, and I was like we can do reusable gowns in the operating room. And so you know.

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00:22:52.160 --> 00:23:00.339

Paige Fox: each person can think about their own specialty and say, How can I be the leader of change in my own spectrum?

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00:23:00.360 --> 00:23:21.700

Paige Fox: And then I think what's really really important for sustainability work is that you need to share your results. Get up on the stage at Cleanmed, get up on the stage at your own local Medical Society. Tell them what you did step by step. Tell them how you did it. Hand out a 1 pager of this is how you can do it. Do this at the local regional or national level, wherever you feel comfortable.

101

00:23:21.700 --> 00:23:36.529

Paige Fox: And then let's publish our results. People need to know that sustainability science is a real science, and that we are diving into the details of it. We are looking at the impacts from cradle to grave. And we're really figuring out how we can make a change

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00:23:37.000 --> 00:23:38.000

Paige Fox: next.

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00:23:39.630 --> 00:23:48.220

Paige Fox: So going through sustainability research, sometimes it's hard to engage others on this. And so I really

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Paige Fox: urge you to think about quality. Think about some of the sustainability changes that we're making as making a change in the quality of the care for the patient. Every hospital can get on board. You can see some of the societies here that support quality work. And so this can help you get your research funded, too.

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00:24:08.000 --> 00:24:25.070

Paige Fox: So really start with the lens of quality. How can I use this change that will decrease plastic, decrease, wasteful tests, decrease



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hospital admissions, length of stay, save my hospital, you know, as Gary showed millions of dollars over time.

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00:24:25.110 --> 00:24:28.910

Paige Fox: If I think about this from a quality standpoint next.

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Paige Fox: this is aligning your efforts with the hospital interest. Every hospital wants to see their name on the top quality rung. They want to save money. These are 2 things that are inherent to the practice of medicine, and so sustainability can work hand in hand with this.

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00:24:47.180 --> 00:24:48.320

Paige Fox: Next.

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00:24:51.230 --> 00:25:03.099

Paige Fox: I also want to tell you that you're gonna hear some no's. I remember hearing a lot of no's. I started this work in 2,018, and I heard no, I can't help you more times than I can count.

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00:25:03.100 --> 00:25:21.509

Paige Fox: And I. When I finally got to thinking about reusable gowns in the operating room, it was January of 2020, and within 3 months the idea of that project was completely gone because we were in the pandemic, and we didn't have gowns to talk about anymore. And so, while

111

00:25:22.010 --> 00:25:35.919

Paige Fox: many people said, No, it doesn't really mean? No, it just means that project doesn't work for us right now. And now, in my role as a medical director, I have to say that to other clinicians. Your idea is great, but that doesn't work right now.

112

00:25:35.920 --> 00:25:52.709

Paige Fox: and that's because we really have to align with what the hospital wants and where there is money. And so my last point here is strive for green. So I believe that all green changes in sustainability are most successful. If they are green meaning. They save some money.

113

00:25:52.710 --> 00:26:16.879

Paige Fox: Now you can make a trade off here. You can say we're going to increase money spending on this because we're picking this more sustainable product. But over time we're not going to have to buy so many



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of those products. A great example of this is our reusable and reprocessible devices. You've got to spend some upfront money, but you can show the savings in the future. But you've got to make that financial case as you go to your hospital and talk about

114

00:26:16.880 --> 00:26:25.569

Paige Fox: why clinicians can lead this charge is because, as was mentioned earlier, we have some control over the purchasing processes

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00:26:26.350 --> 00:26:27.420

Paige Fox: next slide.

116

00:26:28.520 --> 00:26:44.440

Paige Fox: So for us at Stanford healthcare, we've come up with these 5 pillars that guide all the decisions. So as you're thinking about a sustainability idea, you look at this list, and you say, how does my sustainability idea fall into one of these or multiple of these 5 pillars?

117

00:26:44.440 --> 00:27:01.749

Paige Fox: And then I write and frame my idea before I go to those leaders that Lisa mentioned before I go to my chief quality officer. Before I go to the chair of my department or division. I want to think about, how am I aligning with the hospital's mission? And that way I'm likely to get way more buy-in

118

00:27:01.810 --> 00:27:02.799

Paige Fox: next slide

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00:27:04.360 --> 00:27:31.089

Paige Fox: in closing. I just want to say, please reach out. You know. Lisa was certainly on the forefront at Stanford. It took a lot of like minded colleagues saying, we need a physician for Stanford to create a medical director of sustainability. I've been in this role for a year now, so I'm certainly still learning. But there is definitely a transition when you are able to get up with hospital leadership and promote other clinicians. Ideas. Thank you.

120

00:27:33.840 --> 00:28:00.010

Beth Schenk: Thank you all so much that was super interesting, and I love the different perspectives that you all take from your different roles. Yet all were actionable and creative and potent. So I do want to ask one question 1st amongst amongst us to back us out. And this was something



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that that Gary hinted at, and that is to acknowledge, basically that we're having a major change in our Federal government.

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00:28:00.240 --> 00:28:18.800

Beth Schenk: And so it's too early to really know what all will happen over these next 4 years. But the 1st 2 weeks have been a little bit shocking. And so my question is really about just to keep this narrow with clinicians. Are you getting a sense from who you've been talking with that? This is

122

00:28:18.840 --> 00:28:42.940

Beth Schenk: the kind of pressure that that is worrisome to them that is scary to them that would prevent them from speaking out about this. If that's the case in any way, what advice do you have for engaging clinicians, particularly of all of all disciplines, to not abandon our commitment as healthcare professionals to the health and well-being of all people.

123

00:28:43.260 --> 00:28:44.800

Beth Schenk: Any thoughts on that today.

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00:28:46.410 --> 00:29:06.510

Lisa Patel: Yeah, start. We. We're in California. So I I think we're lucky in a way, because our institutions have certainly said, you know, we're not backing down like this is our work. And this is what we're going to do. But within the consortium we also work within States where it's a very different political context.

125

00:29:06.550 --> 00:29:32.919

Lisa Patel: And so part of this is going to be figuring out the language that works and aligning the values and the way that you can move forward because it's undeniable that healthcare facilities are being impacted by these worsening weather disasters. It's undeniable. But and there's broad bipartisan support for things like not polluting our land and not polluting our air and not polluting our bodies.

126

00:29:32.920 --> 00:29:54.940

Lisa Patel: So some of this is just going to have to shift in terms of messaging. I do think, with the void in Federal leadership we will be back to where we were in 2020, where healthcare institutions need to step up to continue being leaders because we're not going to have that leadership there. But I would say, even in politically challenging contexts.



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127

00:29:55.351 --> 00:30:21.670

Lisa Patel: I've talked and talked to a number of conservative Ceos and conservative areas. What we can all agree on is that people want clean air, and we can all agree on cost savings. And then the 3rd point is, and and I think this is a point that Gary raised is that what we're seeing in terms? There's a mix between burnout, physician burnout, and what? When hospital facilities take on sustainability, what it means for morale.

128

00:30:21.670 --> 00:30:35.900

Lisa Patel: And so, taking on that kind of stewardship and stewardship is a word as well that crosses political aisles is something that really infuses people with a sense of moral purpose, particularly those of us that went in to serve and take care of others.

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00:30:37.930 --> 00:30:40.200

Beth Schenk: Thanks, Lisa. Other comments.

130

00:30:41.950 --> 00:31:00.649

Paige Fox: I would say, just echoing what Lisa said. It depends on where you are, what you say a little bit, so you may be in one part of the country, and you're not going to talk about fossil fuels, because you know that that is unchangeable. They're committed to fossil fuels. It's part of their economy.

131

00:31:00.650 --> 00:31:14.590

Paige Fox: That is not going to be the place where you're going to talk about fossil fuel reduction. But some of these things that we're doing, just make good sense across the board. And so, as we talk about increasing the quality of care through

132

00:31:14.970 --> 00:31:17.940

Paige Fox: appropriate use of supplies

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00:31:18.080 --> 00:31:38.959

Paige Fox: that crosses all borders, because I think across the board, everybody says we're spending too much on health care. So anytime you're making a monetarily smart decision. That's also a sustainable solution. I think those things go hand in hand, and really can continue driving us forward for as long as we lack a political leader.

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00:31:40.720 --> 00:31:41.090

Beth Schenk: Thanks.



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135

00:31:41.090 --> 00:31:44.985

Gary Cohen: I mean, I would add just that, you know, I think that

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00:31:45.710 --> 00:31:56.260

Gary Cohen: in this current regime over the next 4 years, environmental leaders and activists are going to be targeted and there will be efforts to criminalize dissent.

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00:31:57.420 --> 00:32:08.220

Gary Cohen: so even more important are that health care leaders are able to be the messengers for the truth of what's happening in people's lives.

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00:32:08.510 --> 00:32:13.039

Gary Cohen: And the more that we can talk about the health impacts that people are facing

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00:32:13.280 --> 00:32:18.180

Gary Cohen: around the country and around the world related to pollution.

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00:32:19.590 --> 00:32:22.709

Gary Cohen: The more that that message will break through, because

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00:32:23.000 --> 00:32:34.989

Gary Cohen: whether you're in a red state or blue state when a hurricane comes through there, or it's a hundred degrees for 3 weeks, and you're an older person. You can't get out of your house, or you've got.

142

00:32:36.016 --> 00:32:39.670

Gary Cohen: Preexisting asthma doesn't matter what political party you are.

143

00:32:40.297 --> 00:32:48.930

Gary Cohen: So the reality of the fact that the climate crisis is accelerating in an exponential way, and

144

00:32:49.110 --> 00:32:58.190

Gary Cohen: that creating the cognitive dissonance between the felt experience of people and the political pronouncements coming out of Washington will be important.



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145

00:33:00.280 --> 00:33:21.099

Beth Schenk: Yeah, you really touched on 2 important things, one, that health is an important message, and that healthcare professionals are important messengers, and how to help keep that voice loud and clear, louder and clearer, I would say, let me just push a little bit more on that. And, Lisa. This would refer, I think, to your work in part, because you work so much with.

146

00:33:21.300 --> 00:33:41.259

Beth Schenk: did you say 60 different consortiums across the nation and working with them to try to activate. It sounds a little bit like, do you have advice for language, motivation, engagement strategies to help really do that important work which, as Gary points out, is crucial right now.

147

00:33:41.980 --> 00:33:48.117

Lisa Patel: Stories. We're emotional creatures, 1st and rational creatures, second, 3, rd or 4.th

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00:33:48.590 --> 00:33:49.270

Lisa Patel: I mean.

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00:33:49.270 --> 00:34:13.769

Lisa Patel: I mean, what we've learned over time. Right? Is that it is our stories of how we're being impacted clinically. It is our stories of how our patients are being impacted that open the door to people hearing us on what else we need to do. I had a conversation with Representative Adam Gozar. He's from Arizona. A Maga Republican

150

00:34:13.770 --> 00:34:36.449

Lisa Patel: wants to entirely tear down the EPA. And we talked about. We didn't. We talked about air pollution and its effects on the fetus and on a pregnant individual, and he didn't know, for example, sorry it wasn't him. It was a staffer we were able to come across. We were able to align on a shared value that no person, no child deserves to be born pre-polluted.

151

00:34:36.449 --> 00:34:56.590

Lisa Patel: And so I would say, it is our stories. It is our shared values that can help move leadership to want to take action and then also back it up with the data. Oh, my gosh! Every day there is more and more



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literature coming out about the impacts of fossil fuel pollution, the impacts of climate change on populations.

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00:34:56.590 --> 00:35:21.540

Lisa Patel: and so have your clinical stories ready, and then show what the literature is showing in terms of how it's impacting our clinical care and how we need to prepare people for it. Just one last little anecdote, Emily Oster. She's the epidemiologist at Brown. She had a physician on from Mgh. Who is not a pediatrician? Is not climate changed and provided false information on Instagram live? And to

153

00:35:21.540 --> 00:35:31.769

Lisa Patel: me what that showed. I'm going to actually use that clip when I'm talking to medical societies to say, Hey, this is what's to happening. If we don't provide this education ourselves.

154

00:35:34.180 --> 00:35:39.170

Beth Schenk: Great great reminder that the facts are still the facts and the evidence is important.

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00:35:39.571 --> 00:35:47.679

Beth Schenk: I want to ask a question from the from the chat. And, Gary, I'm not sure if this might be something you could help with in terms of the Hhs pledge.

156

00:35:47.860 --> 00:36:03.879

Beth Schenk: So the question is about so the Hhs pledged. Some of you know about climate and health. It was asking health systems to make a commitment to reduce scope one and 2 greenhouse gas emissions in half by 2030, and set a net 0 goal by 2050. So

157

00:36:04.390 --> 00:36:07.189

Beth Schenk: What? What might happen to that? Going forward.

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00:36:07.900 --> 00:36:18.930

Gary Cohen: Well, from the point of the Federal Government, they're going to eliminate it. They're going to eliminate the office, or they have already of climate change and health equity.

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00:36:19.350 --> 00:36:39.310

Gary Cohen: Much of the much of the information and reports that are on the Health and Human Services website have been taken down and healthcare



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harm, and others have actually captured that information to to memorialize it and have it be available for hospitals to move forward. There's been about a thousand hospitals

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00:36:39.570 --> 00:36:48.620

Gary Cohen: who have taken that pledge. And then there's been the veterans, administration hospitals, and the military hospitals that were under mandate to do so. So.

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00:36:49.860 --> 00:37:02.390

Gary Cohen: All in all. There's probably a 3rd of all the hospitals in the United States through various voluntary mandatory state level requirements that are actually now measuring their greenhouse gas emissions. So it's a huge number.

162

00:37:02.520 --> 00:37:22.240

Gary Cohen: So you know, a couple of things I would encourage, I mean, at health care with harm practice, green health. We're going to continue to support those hospitals that have taken that pledge and help them on that path. I know the National Academy of Medicine has got all series of webinars in that regard. I know that the Medical Society consortium is

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00:37:22.440 --> 00:37:31.410

Gary Cohen: partnering with us to actually create more momentum, leveraging clinicians to get other hospitals to take that pledge. So

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00:37:31.580 --> 00:37:35.190

Gary Cohen: in the absence of of any kind of federal

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00:37:35.380 --> 00:37:42.210

Gary Cohen: presence or leadership, and in fact, denigrating work on this issue, it's up to

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00:37:43.500 --> 00:38:02.620

Gary Cohen: Ngos private sector momentum to continue that forward. And the good news is that this isn't just happening in the United States. It's happening all over the world. There are 90 countries now that are part of an initiative at the World Health organization to build low carbon climate, resilient healthcare systems. So

167

00:38:03.890 --> 00:38:07.540



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Gary Cohen: we have a tough road to hoe over the next 4 years in this country.

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00:38:08.590 --> 00:38:18.659

Gary Cohen: But the momentum will continue, and the last thing I'll say is that what Paige said is really important is that in innovation that happens in one corner of the country.

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00:38:18.800 --> 00:38:41.629

Gary Cohen: let's say at Stanford, because there's a broad network now of hospitals and health professionals that are all traveling down and building inside of this movement innovations that happen in one place can be shared in other places, and then it can be implemented exponentially quicker than in the past. Which is why I said, it's really important to not be alone.

170

00:38:42.000 --> 00:38:43.570

Gary Cohen: You need to be with others.

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00:38:44.220 --> 00:38:49.670

Beth Schenk: Luckily there are a lot of people working on it which which is a great relief, basically

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00:38:49.750 --> 00:39:19.279

Beth Schenk: say, I have a question for you, paige reflecting your comments about quality that that really ring true to me. And this is from an attendee, and their comment is a little bit like this is my interpretation. Does it look bad if we say we're cost cutting or reducing waste? Does the does that compromise the quality of care? Does it look like it compromises the quality of care. Is there a balance there, or is that a matter of messaging? What would you say about that?

173

00:39:20.030 --> 00:39:46.989

Paige Fox: I think this is why it's important to do these changes as a study, so that you are really telling people. I'm going to make sure the quality is the same or better. When I'm making this change. Some of the changes, I think, are a little bit easier. A great example is a surgical pack. You look at a surgical pack. We've done this. And then we watched surgeons operate. And we said, You know, 45% of the things that got opened were not used at all.

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00:39:46.990 --> 00:39:52.389



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Paige Fox: This is not going to change quality care. It's just how do these things get in the pack? In the 1st place, and it

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00:39:52.390 --> 00:40:04.570

Paige Fox: you're just taking out what's not being used so it shouldn't. It doesn't change quality. So I think it's important. As you, said the messaging. We've just removed unused items.

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00:40:04.580 --> 00:40:10.110

Paige Fox: That's an easy one. But when we make changes I think it is important to back it up with.

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00:40:10.150 --> 00:40:28.589

Paige Fox: follow up. Say, I'm going to change from a reusable to a reprocessible for this procedure, and then follow up what happens, so that people feel comfortable with that. And that is how to to Gary's point. That's how we can amplify our effects. Because then

178

00:40:28.840 --> 00:40:44.310

Paige Fox: we wanted to use great example. We wanted to use usable anesthesia circuits, we said, you know what they're using them at Children's Hospital of Philadelphia. Let's see what their experience has been, and by comparing across institutions, my institution says, Oh.

179

00:40:44.310 --> 00:41:03.620

Paige Fox: we know they do good stuff. We're going to follow along. And so that's so important that we share that knowledge across borders. And that helps, I think, allay those concerns. I never call it cost cutting. I think it's cost savings, and it's increasing quality by reducing waste.

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00:41:04.630 --> 00:41:21.989

Beth Schenk: I don't know if you've experienced this. We have in Providence that people, the employees and caregivers aren't that enthused about saving money. They don't care that much about it, but when we're able to translate it to pounds of waste metric tons of Co. 2, etc, that we've reduced, they get quite enthused

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00:41:21.990 --> 00:41:35.079

Beth Schenk: it. It is the same work, you know. I I agree with you and it and I like to think it does enhance quality. It may not be exactly clinical outcomes, but it's the whole practice of how we're delivering care. Have you come across that feeling, too? That's in.



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00:41:35.080 --> 00:42:00.619

Paige Fox: Exactly. You know what I think. We take our impact and we look at it in multiple different ways, because we don't know what is meaningful to each of our employees colleagues. We know the money appeals to the hospital system, but we looked at the impact of a telephone clinic and translated that into decreased miles driven, we translated it into trees, planted. We translated it into all different things.

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00:42:00.670 --> 00:42:30.290

Paige Fox: figuring what appeals to different people, and when people walked away from it. Some people were like 2 trees per clinic visit, you know, and they were so excited by you know that reduction. And they were talking about trees so exactly they didn't care about the gas money, they cared about something different. And so to your point, we need to translate it lots of ways, because honestly metric. Co. 2 tons of greenhouse gases to those of us on this meeting may mean something, but that means very little to the average American.

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00:42:31.400 --> 00:42:50.609

Beth Schenk: Super. All right, we are almost out of time, and I do want to visit a question that came in that we probably all have feelings about, and it is the practical work in healthcare systems of getting this done. So the importance of staff that you talked about Gary of Clinical staff that we all represent?

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00:42:51.025 --> 00:43:01.419

Beth Schenk: What are your thoughts? Advice about this? What are men? Specs? How is it justified? How crucial is it to actually get this work done.

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00:43:02.280 --> 00:43:05.600

Beth Schenk: and anybody who would like to go please go for it.

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00:43:06.800 --> 00:43:13.260

Gary Cohen: We found that having somebody whose kind of job it is to do this is going to make it a lot more possible.

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00:43:13.420 --> 00:43:36.490

Gary Cohen: Actually, as a quarterback, and then, having green teams of different specialties come together from different parts of the facility, it just creates the the yeast and the power of collective action and people coming from different perspectives. So the sort of best recipes for success we've seen in the hospital setting is, if the leadership



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00:43:36.600 --> 00:43:41.160

Gary Cohen: embraces it as the leadership at Stanford has.

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00:43:41.320 --> 00:43:54.039

Gary Cohen: and then there's people devoted to it as part of their paid job to then move some of these agendas forward, because some of them save lots of money right away. Some of them are a little more long term, but you need the infrastructure

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00:43:54.250 --> 00:43:57.910

Gary Cohen: and the support systems in place, to to be successful.

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00:44:00.280 --> 00:44:01.680

Beth Schenk: Lisa. Page, yeah. Go.

193

00:44:01.940 --> 00:44:10.479

Paige Fox: I think we're going to get hung up on the small projects. If we don't have the oversight, so we can do the small projects. They're executable without sort of the oversight.

194

00:44:10.580 --> 00:44:27.300

Paige Fox: But the big projects that Lisa's talking about, the sort of really institutional sized efforts. They really take leadership, and someone's full time job. And that circles back. I think, Beth, to what we just talked about, where we do have to mention the money

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00:44:27.300 --> 00:44:45.950

Paige Fox: to this group because we're going to take this money that we're saving. And here's where we're going to use it. We're going to use it for this person's job, their fte their whatever, so that we can do more projects and save more money. So that's where I think the money is really important is in furthering this work.

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00:44:46.950 --> 00:44:49.430

Beth Schenk: Thanks, Paige Lisa. Anything to add.

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00:44:49.980 --> 00:45:04.790

Lisa Patel: I just want to plus one. The fact that you can only get so far with volunteer efforts. You need infrastructure whether we're talking



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about medical societies, or whether we're talking about healthcare institutions, you need the infrastructure to achieve on a mission.

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00:45:05.880 --> 00:45:15.160

Beth Schenk: Further, it's becoming more and more technical and regulatory and reporting required. So it's not something you can get volunteers to do. Necessarily, you really need expertise. It is a science.

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00:45:15.380 --> 00:45:41.190

Beth Schenk: Thank you all so much. I'd like to continue this conversation. I think it's been great, and thank you all for joining today and for the noms, clinicians, leading environmental sustainability, transformation webinar resources shared during this webinar will be posted shortly. You can reach out to the email address there that you see if you have questions, and please watch for the next in the series that'll be coming out in a little while and thank you all again. So much for joining.